

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
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16	1					
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50						
TOTAL IND.	1					
TOTAL DEP.		2				
TOTAL CLAIMS	1	2				

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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